

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/560,933 Confirmation No. : 4073
Applicant(s) : Giuseppe ZATTERA
Filed : June 14, 2006
Title : DIAGNOSTIC CATHETER AND ITS METHOD OF
: APPLICATION
TC/A.U. : 4111
Examiner : Patel, Shefali Dilip
Docket No. : 82062-0187
Customer No. : **24633**

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TRANSMITTAL

Sir:

Transmitted herewith for filing is a Response to Notice of Non-Compliant Amendment dated February 28, 2008, in the above-identified application.

☐ Applicants petition for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

<u>Total Months Requested</u>	<u>Fee for Extension</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two month	\$ 460.00	\$ 230.00
<input type="checkbox"/> three month	\$ 1050.00	\$ 525.00
<input type="checkbox"/> four month	\$ 1640.00	\$ 820.00
<input type="checkbox"/> five month	\$ 2230.00	\$ 1115.00

Extension of time fee due with this request: \$

If an additional extension of time is required, please consider this a Petition therefore.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	22	MINUS	22	= 0	x 50/25 =	\$ 0.00
INDEP.	2	MINUS	3	= 0	X 210/105 =	\$ 0.00
						\$ 0.00
TOTAL						\$ 0.00

- ☐ No additional fee is required.
- ☐ A check in the amount of \$_____ is attached.
- ☒ Please charge my Deposit Account No. 50-1349 the amount of \$.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.
- ☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

Dated: February 28, 2008

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By: _____


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